SCHEDULE B (FECFORII 3A)				Use seperate schedule(s			FOR LIN		NUMBER: v one)			PAGE 13/14			14		
ITEMIZED DISBURSEMENTS			for each Detailed		21b 27	À	22 28a	×	23 28b	24 28c	E	25 29	26 30b				
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_	Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS Mailing Address 438 Lewis Avenue								Transaction ID: SB23.4502 Date of Disbursement 03								
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В.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS								Transaction ID: SB23.4515 Date of Disbursement								
	Mailing Address PO Box 23940																
	City Santa Barbara		State CA	•				Amount of Each Disbursement this Pe									
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C.	Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITIC-AL ACTION COMMITTEE							<u> </u>	Date	of [Disbur	SB23.	Ÿ ···		·**•		
	Mailing Address P O BOX 1417-D49								·)4	میک -		······································		
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